## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400030396 (3)

TEL PROPERTIES, INC.

**FILED** Apr 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							I 10011001 tija 10111 sterii obriis obrii serial Estad Estii obrida iriin idiisa dirii iddii		
C/O DAWN L. BOWLING 201 S. BISCAYNE BLVD. STE 3000 MIAMI FL 33131				C/O DAWN L. BOWLING 201 S. BISCAYNE BLVD. STE 3000 MIAMI FL 33131					DO NOT WRITE IN THIS SPACE
US		ι	US					3. Date Incorporated or Qualified 04/20/1994	
Principal Pi	lace of Busin	ASS	20	Mailing	Address				4. FEI Number Applied For
2. Principal Place of Business				26					65-0498982 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
22			27						Fee Required
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zıp	,	Country	$\vdash$	Zip		$\vdash$	ıntry	ı	8. This corporation owes or has paid the current year intangible
24		25	[29]			30	<del></del>	···	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
		and Address of Cur	rent Hegit	tered A	gent .		81	Name	10. Maine and Address of least registered Agent
BOWLING, DAWN L							L		
201 S. BISCAYNE BLVD, STE 3000 MIAMI FL 33131							82	Street Addi	ress (P.O. Box Number is Not Acceptable)
							83		
							84	City	FL 85 Zip Code
11. Pursuant	to the provisi	ons of Sections 607.0	502 and €	607.1508	, Florida Statut	es, the a	bove	e-named corp	poration submits this statement for the purpose of changing its registered
office or r	registered ag ım familiar wi	ent, or both, in the St th, and accept the ob	ate of Flori digations o	ida. Such d. Sectio	i change was i n 607.0505. Fl	authorize orida Sta	d by tutes	/ the corporat s.	tion's board of directors. I hereby accept the appointment as registered
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,					
SIGNATURE	Signature, typed	or printed name of registered	agent and tilk	e if applicati	e (NO)	E: Register	d Age	ant signature requi	ired when reinstaling) DATE
12.		OFFICERS /	AND DIRE	CTORS	r 7	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	D				DELETE	1.1 7			Change Addition
NAME		RD, THOMAS E					AME		
STREET ADDRESS		SISCAYNE BLVD,ST	F 3000					ADDRESS	
CITY-ST-ZIP	MIAMI F	L			DELETE	_		IT-ZIP	Change Addition
TITLE					☐ better	2.11			
NAME							IAME	ADDDECC	
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP TITLE					DELETE	3.11	_	ST - ZIP	Change Addition
NAME	:						IAME		<del></del>
STREET ADDRESS						- 1		ADDRESS	
CITY-ST-ZIP								ST-ZIP	
TITLE				•	DELETE	_	ITLE		Change Addition
NAME						4.2	NAME		
STREET ADDRESS						4.3 9	TREET	ADDRESS	
CITY-ST-ZIP						4.4.0	CITY-S	ST-ZIP	<u> </u>
TITLE	1				DELETE		ITLE		Change Additio
NAME						5.21	IAME	1	
STREET ADDRESS						5.3 5	TREE	ADDRESS	
CITY-ST-ZIP	1					5.4 (	CITY - S	ST-ZIP	
TITLE	1				DELETE	5.1	ITLE		Change Additio
NAME						6.2	3MA		
STREET ADDRESS						6.3	STREET	ADDRESS	
CITY - ST - 7IP						6.4	S-YTK	ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shapped, or on an exactment with an address.